



249 N. MILLER ROAD, SAGINAW, MICHIGAN 48609 •
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www.thomastwp.org

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Personal Information (please print legibly)

Position (s) applying for _____ Date of Application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Cellular # (____) _____ E-mail Address _____

If necessary, best time to call at home is ____:____ AM / PM May we contact you at work ☐ yes ☐ no

If yes, work number (____) _____ and best time to call ____:____ AM / PM

Have you submitted an application here before? ☐ yes ☐ no If yes, give date(s) and position(s) _____

Have you ever been employed here before? ☐ yes ☐ no If yes give dates FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country? ☐ yes ☐ no Are you 18 years of age or older? ☐ yes ☐ no

Date available for work ____/____/____ Type of employment: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ yes ☐ no

If yes, please provide date(s) and details _____

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, Rehabilitation and position applied for will be taken into account.

Education, Training and Special Skills

A. List last three (3) schools attended name and address, starting with most recent. **B.** List number of years completed.
C. Indicate degree or diploma earned, if any. **D.** Grade Point Average. **E.** Major Field of study.

A. School Name and Address	B. No. of Years completed	C. Degree/Diploma	D. GPA	E. Major

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	<u>Dates Employed</u> From	Summarize responsibilities performed
		/ /	
Address		To	
		/ /	
Starting Job Title/Final Job Title			
Reason for Leaving		<u>Hourly Rate/Salary</u> <u>Starting</u>	
		\$ Per	
Supervisor		Final	
May we contact	☐ yes ☐ no ☐ later		

Employer	Telephone	<u>Dates Employed</u> From	Summarize responsibilities performed
		/ /	
Address		To	
		/ /	
Starting Job Title/Final Job Title			
Reason for Leaving		<u>Hourly Rate/Salary</u> <u>Starting</u>	
		\$ Per	
Supervisor		Final	
May we contact	☐ yes ☐ no ☐ later	\$ Per	

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		/ /	
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Starting Job Title/Final Job Title			
Reason for Leaving		<u>Hourly Rate/Salary</u> <u>Starting</u>	
		\$ Per	
Supervisor		Final	
May we contact	☐ yes ☐ no ☐ later	\$ Per	

Employer	Telephone	<u>Dates Employed</u> From	Summarize responsibilities performed
		/ /	
Address		To	
		/ /	
Starting Job Title/Final Job Title			
Reason for Leaving		<u>Hourly Rate/Salary</u> <u>Starting</u>	
		\$ Per	
Supervisor		Final	
May we contact	☐ yes ☐ no ☐ later	\$ Per	

Comments including explanation of any gaps in employment

Skills and Qualifications

Summarize any special training, skills, licenses and /or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Applicant Statement

AUTHORIZATIONS AND ACKNOWLEDGMENTS

I certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, other materials provided, during my interview, or during my employment, if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with the Employer's policies. I agree to conform to the rules and regulations of the Employer, and understand that my employment relationship with the Employer is "at-will" and that I or the Employer may terminate my employment with or without cause, and with or without notice, at any time unless my employment is governed by the terms and conditions of a collective bargaining agreement or written employment agreement that states otherwise. I further understand that no Employer agent or representative has any authority to enter into a contract of employment with me except for the Township Manager or Township Supervisor as a representative of the Township board, and that any such agreement must be signed by the Township Manager or Township Supervisor.

I acknowledge that any offer of employment I may receive from Thomas Township is contingent on the results of a reference and background check. Therefore, I authorize the Township to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Township involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Township. I waive any written notice for the release of such information which may be required under state or federal law.

I hereby give my consent for Thomas Township through an authorized agent to collect my urine, saliva, blood, or hair samples for the purposes of testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release Thomas Township and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or from the tests results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a job related medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination at any time as it pertains to my job and/or the need for accommodation. I hereby consent to having the results of any such alcohol or drug test or medical examination disclosed to Thomas Township. I also acknowledge that any offer of employment that I receive is contingent upon the results of my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the Employer withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Employer provide a reasonable accommodation for it. I am aware that I must make any such request for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation under state law and that federal law has no similar time limitation.

Dated: _____ Applicant: _____